

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY REGION V



230 SOUTH DEARBORN ST. CHICAGO, ILLINOIS 60604

FEB 1 1 1982

REPLY TO ATTENTION OF:

RCRA ACTIVITIES

Mr. James Tarpo, President American Chemical Service, Inc. 420 S. Colfax Griffith, Indiana 46319

RE: Interim Status Acknowledgement USEPA ID No. IND016360265 FACILITY NAME: American Chemical Service, Inc.

Dear Mr. Tarpo:

This is to acknowledge that the U.S. Environmental Protection Agency (USEPA) has completed processing your Part A Hazardous Waste Permit Application. It is the opinion of this office that the information submitted is complete and that you, as an owner or operator of a hazardous waste management facility, have met the requirements of Section 3005(e) of the Resource Conservation and Recovery Act (RCRA) for Interim Status. However, should USEPA obtain information which indicates that your application was incomplete or inaccurate, you may be requested to provide further documentation of your claim for Interim Status. Our opinion will be reevaluated on the basis of this information.

As an owner or operator of a hazardous waste management facility, you are required to comply with the interim status standards as prescribed in 40 CFR Parts 122 and 265, or with State rules and regulations in those States which have been authorized under Section 3006 of RCRA. In addition, you are reminded that operating under interim status does not relieve you from the need to comply with all applicable State and local requirements.

The printout enclosed with this letter identifies the limit(s) of the process design capacities your facility may use during the interim status period. This information was obtained from your Part A Permit application. If you wish to handle new wastes, to change processes, to-increase the design capacity of existing processes, or to change ownership or operational control of the facility, you may do so only as provided in 40 CFR Sections 122.22 and 122.23.

As stated in the first paragraph of this letter, you have met the requirements of 40 CFR Part 122.23; your facility may operate under interim status until such time as a permit is issued or denied. This will be preceded by a request from this office or the State (if authorized) for Part B of your application. Please contact Arthur Kawatachi of my staff at (312) 886-7449, if you have any questions concerning this letter or the enclosure.

Sincerely yours,

Karl J. Klepitsch, Jr., Chiet

Waste Management Branch

Enclosure

FACILITY NAME

AMERICAN CHEMICAL SERVICE INC.

EPA ID NUMBER IND016360265

FACILITY OPERATOR

AMERICAN CHEMICAL SERVICE INC.

FACILITY OWNER

AMERICAN CHEMICAL SERVICE INC.

FACILITY LOCATION

420 SO. COLFAX GRIFFITH, IN 46319

PROCESS CODE	DESIGN CAPACITY	UNIT OF MEASURE
T04	50000.00000	U
S02	300000.00000	G

			
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GSA No. 0246-EFA-01

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X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

NAME & OFFICIAL TITLE (type or print)

DATE SIGNED

IAMES TARPO PRES.

18-8-80

EPA Form 8700-12 (6-80) REVERSE

	Washington, DC 20460 SEPA Notification of Hazardous Waste Activity Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).																												
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A. First Notification

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C. Installation's EPA ID Number

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MAY 27 1994

STATE OF INDIANA 1993 HAZARDOUS WASTE HANDLER INFORMATION UPDATE FORM

RECEIVED WMD RECORD CENTER

EPA ID:	IND016360265	COUNTY: LAKE		MAY 3 1 1994
NAME:	AMERICAN CHEMICAL SERVICE	*** HAZARDOUS W	ASTE A	ACTIVITY ***
Change	ge due to a change in ownership? yes no	DEM	<u>1993</u>	FUTURE
LOCATION		Large Quantity Generator (LQG)	_X_	
ADDRESS:	420 SOUTH COLFAX AVENUE GRIFFITH IN 46319	Small Quantity Generator (SQG)	-	
Change		Conditionally Exempt (CEG)	-	
Is the location ad We moved	dress change due to a move or did the Post Office change your address? d PO change Other (please explain in comments)	Transporter S=for our own waste C=commercially	X	No
MAILING ADDRESS:	PO BOX 190 . IN 46319	Treatment, storage, (TSD) X & disposal	X	No (do rotalete)
Change	GRIFFITH IN 46319	* NON HANDLER		REGEIVED
	9	* OUT OF BUSINESS	-	MAY 1 0 1994
CONTACT:	ORGAN HILLSTAM	* ONE TIME GENERATOR		II C FPA BECION V
	GREEN, WILLIAM 420 S COLFAX AVE GRIFFITH IN 46319 219-924-4370	* If you have checked one of these categories, your you will have to reapply for it if you ever need to n		
Change	JAMES TARPO	SIC CODES: 2869 PRIMARY SECONDA	NY	
		COMMENTS: T,S.O CLOSU	RE	CERTIFIED 3-31-9
OWNER:	AMERICAN CHEMICAL SERVICE 420 S COLFAX AVE	A		
Change	GRIFFITH IN 46319	SIGNATURE: Janes 10	20	Ŏ
		DATE: 1-7-94	(
	COM PS AT	1		

Keith





DEGELVED OCT 14 1988

105 South Meridian Street

P.O. Box 6015

Indianapolis

46206-6015

Telephone

317-232-8603

OFFICE OF RCRA
Waste Management Division
U.S. EPA, REGION V

October 11, 1988

Mr. John J. Murphy Vice President American Chemical Service, Inc. P.O. Box 190 Griffith, Indiana 46319

Re: Changes Under Interim Status

American Chemical Service, Inc.

Griffith, Indiana
IND 016360265

Dear Mr. Murphy:

This office has received your request of April 21, 1988, to alter your facility to satisfy the tank secondary containment requirements of 40 CFR Part 264.192. Indiana adopted these rules as part of 329 IAC 3-24 and 3-49 on June 20, 1988. The Indiana compliance schedule for satisfying these requirements for tanks such as yours, began on June 20, 1988, not July 14, 1986. This is a change from the schedule contained in the preliminarily adopted Indiana rules. The enclosed outline has been developed from the new requirements and is intended to serve as a brief guide in meeting these requirements.

The current submittal is inadequate and should be revised in accordance with the enclosure. In addition, it is requested that the facility Part B Application be updated and submitted in its entirety to include these proposed changes. Construction of these facilities at this time would not preclude this office from requiring changes as a result of a review of the Part B Application.

If you have any questions concerning this matter, please contact Ms. Debra Dubenetzky of my staff at AC 317/232-3221.

Very truly yours,

Thomas E. Linson, Chief

Plan Review and Permit Section Hazardous Waste Management Branch Solid and Hazardous Waste Management

Enclosures

cc: Mr. Hak Cho, U.S. EPA, Region V (with enclosure)

Mr. Bernie Orenstein, U.S. EPA, Region V

An Equal Opportunity Employer

CHANGE OF STATUS FORM

Please change on DP file name: Six	Thomas	COMPANY NAME	Unerican Chim	ical Service	NC. EPA ID <u>INT 1900117</u>
Rame Address ID Number X Activity					
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File in Company file (see above).

Division of Land Pollution 12/82

NOTIFIERS LIST UPDATE FORM

DATE: 3/5/86 ORIGINATOR'S NAME: Por allachest
DATE: 3/5/86 ORIGINATOR'S NAME: Rec. Machint FACILITY NAME: AMERICAN CHEMICAL SERVICE THE 147 190 011 742
LOCATION ADDRESS: GRIFFITH IN
MAILING ADDRESS.
CONTACT PERSON: WAITE, WARRIER TITLE: Mayor.
TELEPHONE NUMBER OF CONTACT PERSON: 219 924-4370
STATUS:ACTIVITY:
COMMENTS:
This company has its own EPAID# MD016/360/2009
The number listed above INT 190611742 was
for Swift Chem. Co. and does not apply to
Ama. Chen. Sozvice Inc. They tend to get
two biennial reports, UST MOTIFICATIONS and ate.
in the mail.

RETURN FORM TO SHIRLEY L. HANCOCK

SLH/gds 1/28/85 Doc. No. 1075S 58H66-062 LPC/SBH 2/85 State Form 33126 CHANGE OF STATUS FORM

Leg. #00995

		mical Service	EPA ID 100 9/63	602
Please change on	DP file name:			
	Address	X ID Mumber	Activity	
Status	Contact	Phone	Other	
(Please check any below.)	Λ.	Then cite the new o	iata on the lines	
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FILE COPY



INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

NANCY A. MALOLEY, Commissioner

105 South Meridian Street
P.O. Box 6015
Indianapolis 46206-6015
Telephone 317-232-8603

December 10, 1987

Mr. John J. Murphy Vice President American Chemical Service, Inc. P.O. Box 190 Griffith, IN 46319

Re: Part A Change

American Chemical Service, Inc.

IND 016360265

Dear Mr. Murphy:

We have reviewed your letter of July 10, 1987, where you forwarded a Part A change request. The addition of Tank No. 1002 to your Part A permit and therefore the increase in the tank storage (SO2) design capacity from 315,000 gallons to 320,700 gallons is approved. This approved Part A application is dated January 22, 1986.

This tank has previously been in use at American Chemical Service Inc., for storage of distilled solvents which was sold as boiler fuel. The burning of these distilled solvents as hazardous waste derived fuel has now come under regulation. This process had not been previously regulated so it was not included in previous Part A or in your Part B Permit Application. We are also in receipt of your September 2, 1987, letter which amended your Part B Application to include Tank No. 1002.

If you have any questions, please call Mr. Bob Cappiello of my staff at AC 317/232-3221.

Sincerely,

Jane Magee

Assistant Commissioner for

Solid and Hazardous Waste Management

RJC/ram

cc: Mr. Hak Cho, U.S. EPA, Region V

Mr. Bernie Orenstein, U.S. EPA, Region V

RCRA File 1Cld

Mr. Terry Gray

Mr. Jim Hunt



OFFICE OF COLID AND HAZARDOUS WASTE HONT

Griffith, 19 10 12 47 PH 187

July 10, 1987

Mr. Terry F. Gray, Chief Plan Review and Permit Section Hazardous Waste Management Branch Solid and Hazardous Waste Management Indiana Dept. of Environmental Mgt. P.O. Box 6015 Indianapolis, IN 46206-6015

> Re: The amendment of American Chemical Service, Inc. IND 016360265 Hazardous Waste Permit Application Part A and Part B.

Dear Mr. Gray:

It has been the practice of American Chemical Service, Inc. (ACS) to utilize various distilled solvents as boiler fuel. These solvents are generated by the distillation at ACS of listed and non-listed hazardous wastes and presently their sale and distribution, as solvents, is not regulated. ACS was aware the burning of these materials, as fuels, had come under regulation on December 9, 1985 and filed the appropriate notification before the January 29, 1986 deadline. A copy is enclosed for your reference.

Since the material was a distilled solvent and not regulated until used as a hazardous waste derived fuel, ACS did not amend it's Part A, nor did ACS deal with it's use in the Part B submission. ACS, at this time, wants to change it's position concerning this matter. Enclosed is an amended Part A containing the following:

- An increased tank storage volume which includes 1.) the maximum working capacity of the tank #1002.
- A photograph of the hazardous waste derived fuel storage tank #1002.
- 3.) A Part A map indicating the tank #1002 location in the Distillate Tank Farm.

ACS is in the process of amending it's Part B to include the additional storage tank #1002 and expects to submit these revisions to your office by September 1, 1987. If you have any questions concerning this action please contact me as soon as possible at 219/924-3144.

Very truly yours,

John S. Maryly

John J. Murphy

Vice President American Chemical Service, Inc.

Rear Icid Y

FEB 15 4 32 PM 192 DIV. OF LAND PULLUTION CONTROL STATE BOARD OF HEALTH

5AHWM

FEB 1 0 1882

CERTIFIED MAIL RETURN RECEIPT REQUESTED

Mr. James Tarpo P.O. Box 190 Griffith, Indiana 46319

> RE: American Chemical Services, Inc. 420 S. Colfax Griffith, Indiana 46319 IND016360265

Dear Mr. Tarpo:

By now you should have received an acknowledgement of our receipt of your Part A permit application material for the above-referenced hazardous waste facility under the Resource Conservation & Recovery Act, as amended (RCRA) permit program. You should also have been apprised of your condition relative to interim status.

Accordingly, this letter constitutes the next step in the formal process leading to issuance or denial of an RCRA permit. Under the authority of 40 CFR 122.22, this is a formal request for submittal of Part B of your application for the above-referenced facility.

Enclosed is a copy of 40 CFR 122.25 which lists the items that constitute Part B for your facility. Your Part B application must be submitted in quadruplicate and postmarked no later than August 18, 1982. Please send your application to the following address:

RCRA ACTIVITIES
Part B Permit Application
USEPA, Region V
P.O. Box A3587
Chicago, Illinois 60690-3587

While your complete application is due no later than the above date, you are encouraged to submit at your earliest opportunity those components which have been completed. Several interim status documents also are used as components of your Part B application. Included are such items as your waste analysis plan, contingency plan, closure plan, etc., each of which may be submitted to this office immediately, to initiate the processing of your Part B application.

Failure to furnish your complete Part B application by the above date, and to provide in full all required information, is grounds for termination of interim status under 40 CFR 122.22.

Information you submit in the Part B application can be disclosed to the public, according to the Freedom of Information Act and U.S.Environmental Protection Agency (USEPA) Freedom of Information regulations. If you wish, however, you may assert a claim of business confidentiality by printing the word "Confidential" on each page of the application which you believe contains confidential business information. USEPA will review business confidentiality claims under regulations at 40 CFR Part 2, and will later request substantiation of any claims. Please review these rules carefully before making a claim.

We have also enclosed a copy of 40 CFR Part 264 which includes technical standards for the operation of treatment and storage facilities. These standards will become applicable upon issuance of a permit to your facility by USEPA.

We will coordinate review of your application with the Indiana State Board of Health and the Hazardous Waste facility Approval Board, and if your application is acceptable, will strive for a simultaneous issuance of Federal and State hazardous waste facility permits. It is possible that during the processing of your application, the State hazardous waste program may become authorized to issue RCRA permits for your type of facility. In that case, direct Federal processing will cease, and the State in lieu of USEPA will make the final determination on your application.

We are committed to conducting the RCRA permitting process as efficiently as possible. Consequently I suggest you contact Peter Teng of my staff at (312) 886-6160, as you begin preparing your application. Mr. Tong will be available to discuss specific needs of your application or to meet with you in Chicago. These efforts are intended to generate complete applications, without requiring any information beyond that which is necessary to make RCRA permit decisions.

We look forward to receiving your Part B application.

Sincerely yours,

Karl J. Klepitsch, Jr., Chief Waste Management Branch

Enclosures: 40 CFR 122.25 40 CFR 264

cc: David Lamm, ISBH

Please print or type in the unshaded areas (fifthin areas are spaced for elite type, i.e.				✓ Form Approved OMB No.	158.980004
3 SEPA H	AZA JUS WAS	ated Permits Prog	APPLICATION	I. EPA I.D. NUMBER	360265
	This information is requ	iired under Secti	on 3005 of RCRA.)		760260
APPLICATION DATE RECEIVED		•	COMMENT	'S	
22 25 25					
II. FIRST OR REVISED APPLICAT					
Place an "X" in the appropriate box in A revised application. If this is your first ap EPA I.D. Number in Item I above.	plication and you alread	ly know your fac	ility's EPA I.D. Numbe	inst application you are submitting it, or if this is a revised application with the state of th	ng for your facility or a n, enter your facility's
A. FIRST APPLICATION (place an " 1. EXISTING FACILITY (See in: Comp					FOR NEW FACILITIES,
OPERATION (use the bo	TING FACILITIES, PR ON BEGAN OR THE D oxes to the left)	ATE CONSTRU	CTION COMMENCED		PROVIDE THE DATE yr., mo., & day) opera fion began or is expected to begin
B. REVISED APPLICATION (place of	_	lete Item I above	;)	Z. FACILITY HAS A R	COA DEDMIT
III. PROCESSES – CODES AND DE	SIGN CAPACITIES			72	TORRE PERMIT
A. PROCESS CODE - Enter the code fro	m the list of process coo	des below that be	est describes each proce	ss to be used at the facility. Ten	lines are provided for
entering codes. If more lines are neede describe the process (including its design	ed, enter the code <i>(s)</i> in t	he space provide	d. If a process will be in	used that is not included in the lis	it of codes below, then
B. PROCESS DESIGN CAPACITY — For 1. AMOUNT — Enter the amount.	each code entered in co	olumn A enter th	e capacity of the proce	SS.	•
UNIT OF MEASURE — For each a measure used. Only the units of me	mount entered in columeasure that are listed bel	in B(1), enter the	code from the list of a	init measure codes below that des	scribes the unit of
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PROCESS CODE			PROCESS		RE FOR PROCESS GN CAPACITY
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SURFACE IMPOUNDMENT 504	CUBIC METERS GALLONS OR LITE	R5 :	INCINERATOR		ER DAY R HOUR OR TONS PER HOUR;
Disposal: INJECTION WELL D79		RS .		GALLONS LITERS P	S PER HOUR OR ER HOUR
LANDFILL D80	ACRE-FEET (the volume would cover one acre depth of one foot) Of	to a	OTHER (Use for physic thermal or biological tr processes not occurring	eatment LITERSP	S PER DAY OR ER DAY
LAND APPLICATION D81 OCEAN DISPOSAL D82	HECTARE-METER ACRES OR HECTAR	ES (surface impoundments ators. Describe the pro	or incinér- cesses in	
SURFACE IMPOUNDMENT DES	LITERS PER DAY		the space provided; Ite	m III-C.)	
	TOF		UNIT OF		UNIT OF
UNIT OF MEASURE CO		F MEASURE	MEASURE CODE	UNIT OF MEASURE	MEASURE CODE
GALLONS	L TONS P	ER HOUR	V	ACRE-FEET HECTARE-METER	F
CUBIC METERS	.C GALLO	NS PER HOUR	OURE	ACRES	
EXAMPLE FOR COMPLETING ITEM III other can hold 400 gallons. The facility al	(shown in line numbers	X-1 and X-2 he	low! A facility has he	o storage tanks, one tank can hol-	d 200 gallons and the
1	7/A C \ \	T Can burn up to	20 garrons per nour.		, , , , , , , , , , , , , , , , , , ,
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M A. PRO- B. PROCESS DESI	· · · · · · · · · · · · · · · · · · ·	FOR	4 A. PRO-	PROCESS DESIGN CAPAC	ITY / FOR
UE CODE	2. UNIT OF MEA SURE	OFFICIAL	CODE	I. AMOUNT	OF MEA- OFFICIAL
ZS (from list (specify)	(enter code)	ONLY	ZO (from list D ebove)		(enter ONLY
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X-3 T 0 3 20	· E		6	STATE STATE HEALTH	
1502315000	6		7	DIVISION CONTROL	
704 50,000			8	S8. NJ EO ZI 52 435	
3501.16,500	G		9		
	2 ,		10		
EPA Form 3510-3 to-801) 	PAGE 1	OF 5	CON	TINUE ON REVERSE

III. PROCESSES (continued)

SPACE FOR ADDITIONAL PROCESS CODES OR INCLUDE DESIGN CAPACITY.

R DESCRIBING OTHER PROCESSES (code "TO4



TOA REPRESENTS TOTAL SOLVENT & FUEL CYCLING CAPACITY

IV. DESCRIPTION OF HAZARDOUS WASTES

- A. EPA HAZARDOUS WASTE NUMBER Enter the four—digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four—digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.
- B. ESTIMATED ANNUAL QUANTITY For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste/s/ that will be handled which possess that characteristic or contaminant.
- C. UNIT OF MEASURE For each quantity entered in column B enter the unit of measure code. Units of measure which mult be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE		METRIC UNIT OF MEASURE	CODE
POUNDS,	Р	•	KILOGRAMS	K
TONS	T		METRIC TONS	. , M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D PROCESSES

1. PROCESS CODES:

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

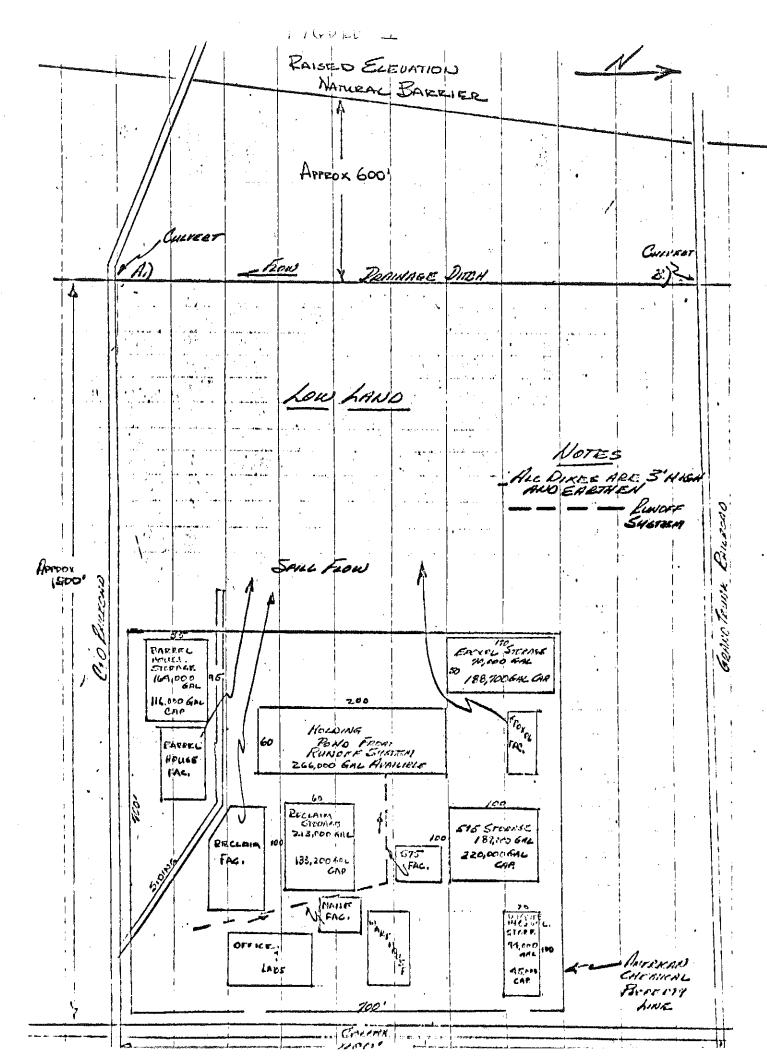
- 2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.
- NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:
 - 1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B,C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
 - 2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
 - 3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

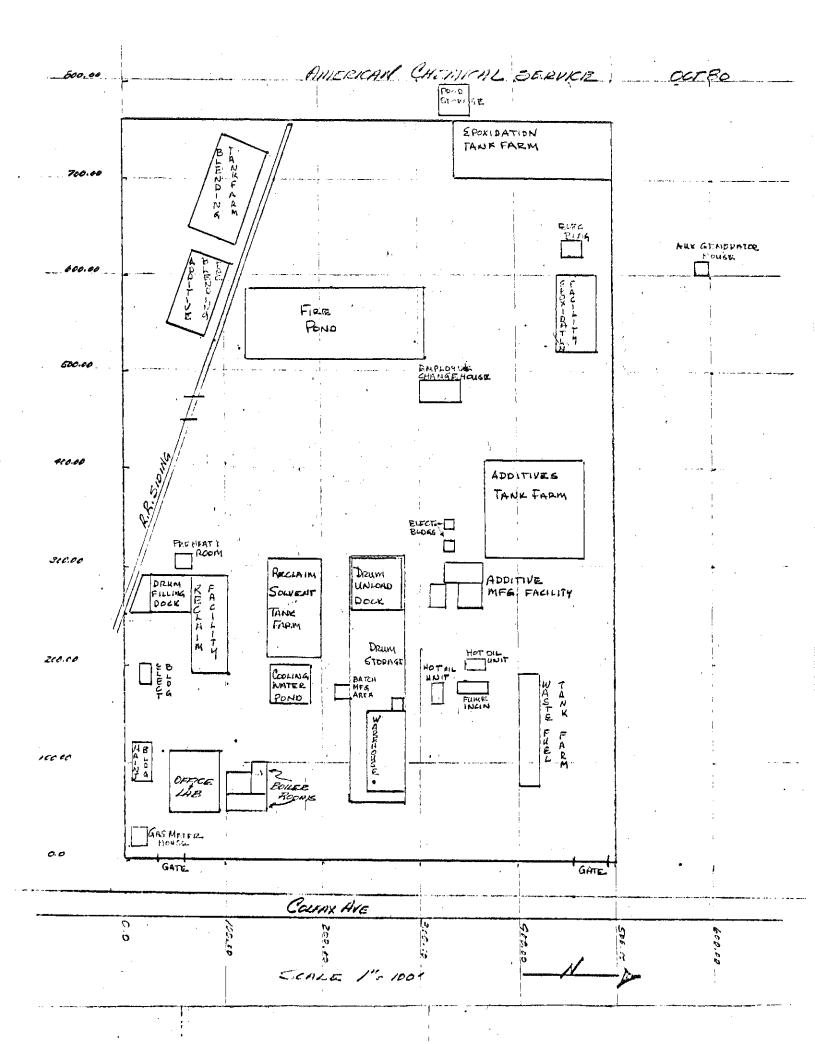
EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non—listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

			EP.				C.UN								D. PROCESSES						
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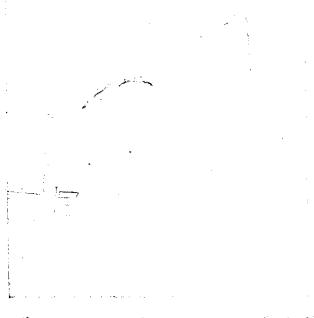
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IV. DESCRIPTION OF HAZARDOUS WAS	(continued)	1000 · 1	V 1 2 2	- 157 Ca	1 -1 -1	130	美	A 14	
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V. FACILITY DRAWING				45.00		: - · · ·			1655
All existing facilities must include in the space provide	Marie Committee	awing of the facility <i>(see instruc</i>	tions for more	detail)			**	4.	
VI. PHOTOGRAPHS				£0.46			\$ * · · · ·		•
All existing facilities must include photographs	(aerial or ground—i	evel) that clearly delineate	all existing str	uctur	es; exi	sting s	torage	€,	
treatment and disposal areas: and sites of future	storana traatmant	or disposal areas (see instru	ictions for me	ore de	taill				
treatment and disposal areas; and sites of future	storage, treatment	or disposal areas (see instru	ictions for mo	ore de	tail).		· • • • • • •		
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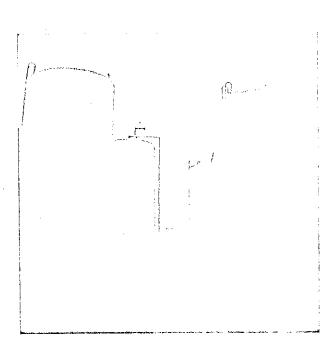




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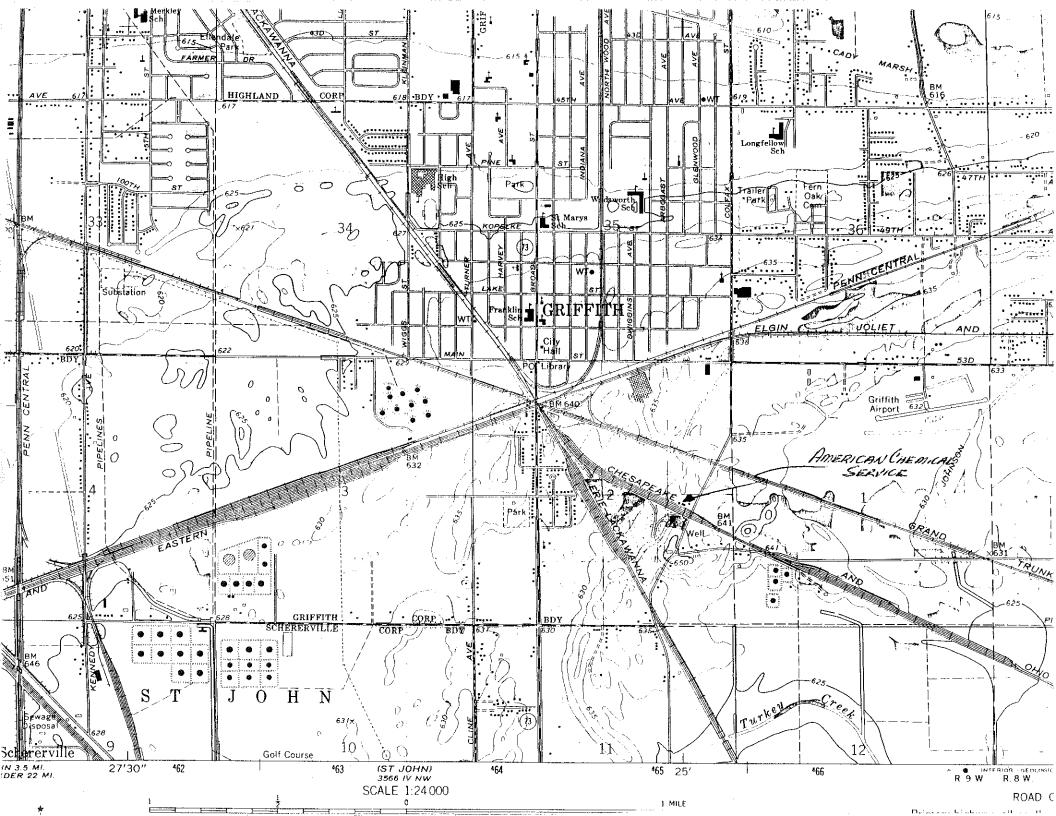


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American Chemical Service's testing facilities consist of two laboratories, 18×24 and 20×30 feet. Major apparatus instruments are as follows:

- 1 Varian Model 3700 Gas Chromatograph
- 1 Brinkman Potentiograph Model E 576
- 1 Perkin-Elmer 137 Spectrophotometer
- 1 Paar oxygen bomb colorimeter, Model 1341
 Pensky-Martens and Tag open cup flash point testers,
 Distillation equipment, ASTM, Assorted Glassware, accessories and Reagents.

Analytical methods are mainly ASTM Standards.

The laboratory is manned by two degreed chemists.

PROCES	SES	(continued)

SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

TOA REPRESENTS TOTAL REDISTILLING & FUEL RECYCLING CAPACITY

IV. DESCRIPTION OF HAZARDOUS WASTES

- A. EPA HAZARDOUS WASTE NUMBER Enter the four—digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four—digit number/s/ from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.
- B. ESTIMATED ANNUAL QUANTITY For each listed waste entered in column A estimate the quantity of that weste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste/s/ that will be handled which possess that characteristic or contaminant.
- C. UNIT OF MEASURE For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE CODE	-,	٠	METRIC UNIT OF MEASURE	CODE
POUNDSP		-	KILOGRAMS	K
TONS			METRIC TONS	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES

1. PROCESS CODES:

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in [tem [[] to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code/s/ from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hezardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

- 1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B,C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
- 2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
- 3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non—listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

	1	A	. E	PA		-		C. UNIT OF MEA-														D. PROCESSES						
LINE NO.	W	A	ST	LR EN	iO.	B. ESTIMATED ANNUAL QUANTITY OF WASTE	S	UR ente ode	E r				١.	PF		ES ent	ss c	:01	DES			2. PROCESS DESCRIPTION (if a code is not entered in $D(I)$)						
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X-2	L)	0	0	2	400		P		T	' (3	L)	8	0			1	1	1	~						
X-3)	0	0	1	100		P		T	0	3	l)	8	0	- 1		1	1	1							
X-4)	0	0	2						ì	Т		1	Т		1		1	1		included with above						

7	IOTE:	Photocopy th		have more	than 26 w	astes to list.	III Distriction of the second	Form Approv	ed OMB No. 158-S80004
,		PA I.D. NUM	BER (enter from page 1)		\ <u>.</u>	FOR OFF	ICIAL USE ON	LY	
	w/	MDOI	6360265 1	,	W	DUP		2 DUP	///////////////////////////////////////
			ON OF HAZARDOUS WAST		nued) 🔪				
man of the second secon	NON	A. EPA HAZARD. WASTENO. (enter code) 23 - 25	;	C.UNIT OF MEA SURE (enter code)]_	1. PROCESS COE (enter)	DES	PROCESSES 2. PROCI (if a code is	ISS DESCRIPTION not entered in D(1))
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-	2	F001	1420		502	T04			
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W EACH ITY DRAWNIC		ining pangang na pangang menunggan pangan r>Pangan pangan			
V. FACILITY DRAWING All existing facilities must include in the space provided on	nage 5 a scale dray	ying of the facility (see instructions	for more	detail)	
VI. PHOTOGRAPHS	page of a scale distr	The state of the s	101111010	20 (017)	
All existing facilities must include photographs (aer.	ial or ground—le	vell that clearly delineate all ex	cistina str	uctures	existing storage
treatment and disposal areas; and sites of future sto	rage, treatment of	or disposal areas (see instruction	ns for mo	re detai	il).
VII. FACILITY GEOGRAPHIC LOCATION			18 4. 1		
LATITUDE (degrees, minutes, & seconds	:)	LONGITUDE	€ (degrees,	minutes,	, & seconds)
4/3/2			27/2	4	< 8
55 66 67 68 59 - 71		72 -	74 75	76 77	
VIII, FACILITY OWNER					
A. If the facility owner is also the facility operator as	listed in Section V	III on Form 1, "General Information	on", place	an "X" id	n the box to the left and
skip to Section IX below.					
B. If the facility owner is not the facility operator as	listed in Section VI	II on Form 1, complete the follow	ing items:		
1. NAME OF FACE	ITV'S LEGAL O	WNFR		2. PI	HONE NO. (area code & no.
	LITT DELOKE O		<u> </u>		
5 16					
3, STREET OR P.O. BOX		4. CITY OR TOWN		56 -	58 59 - 61 62 - 6. ZIP CODE
				7 t-	
3 16	G 45 15 16		40 4	1 42	47 - 51
IX. OWNER CERTIFICATION				in distant	
I certify under penalty of law that I have personally	examined and a	m familiar with the information	n submit	ted in th	nis and all attached
documents, and that based on my inquiry of those i					
submitted information is true, accurate, and comple	ete. I am aware ti	hat there are significant penalti	es for sub	mitting	false information,
including the possibility of fine and imprisonment.		<u> </u>	···		
A. NAME (print or type)	B. SIGNATURE	:		C. DATE	TSIGNED
IAMES TARPO	1/2-12	clargo		2-1	18-32)

A. NAME (print or type)

X, OPERATOR CERTIFICATION

including the possibility of fine and imprisonment.

C. DATE SIGNED

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information,

B. SIGNATURE

Please print or type in the unshaded areas only If: [in areas are spaced for olite type, i.e., 12 ch **s/inch	o).		Form Approved OMB No. 1	58-R0175
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CRIFFITH			the literactions (see detections and for the legal and for the legal and	
II. POLLUTANT CHARACTERISTICS				
INSTRUCTIONS: Complete A through J to determine we questions, you must submit this form and the supplement	tel form listed in	the perenthesis following the gu	estion. Merk "X" in the box in	the third column
If the supplemental form is attached. If you answer "no" is excluded from permit requirements; see Section C of the	to each question instructions. See	, you need not submit any of the also, Section D of the instructio	ese forms. You may answer "no ns for definitions of bold—faced	" if your activity terms.
SPECIFIC QUESTIONS	TAN HO ATTEN		QUESTIONS	TO STANKE
A. Is this facility a publicly owned treatment works which results in a displayer to waters of the U.S.? (FORM 2A)	$ \times $	Include a concentrated aquette entiral product	(elther existing or proposed) animal heading operation or ion facility which results in a	
C. Is this a facility which currently results in discharges to weters of the U.S. other than those described in	10 17 10		e U.S.? (FORM 28) ty (other than those described) ti will result in a discharge to	
A or 8 shows? (FORM 2C) E. Doss or will this facility treat, store, or dispose of		F. Do you or will you init	FM 20) set at this facility industrial or	
hazardous wastes? (FORM 3)	\times	taining, within one qu	w the lowermost straturn con- pacter mile of the well born, drinking water? IFORM 41	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural say pro-		H. Do you or will you inju	et at this facility fluids for ope- nining of sulfur by the Frasch	
duction, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid	$ \times $	process, solution minin	g of integrals, in sity combus- scolery of geothermal broady?	
hydrocarbon? (FORM 4) I. In this tacility a proposed stationary source which it one of the 28 industrial categories listed in the in-	38. TG. 38. [S. 53. 85. 95. 95.	J. In this facility a proce	eel stationary source viligit is dustrial categories listed in the	
ettugtions and which will potentially smit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an	×	pretructions and which	will potentially emit 750 con- event required under the Green or be located in an attainment	$ \times $
atteliment area? (FORM 5) III. NAME OF PACIFITY				
1 MERICAN CHEMIC	AC SE	EVICE INC		
IV. FACILITY CONTACT	at & little		s. PHONE (area code à no.)	
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V. FACILITY MAILING ADDRESS				
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VI. FACILITY LOCATION A. STREET, ROUTE NO. OR GITHER'S				
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C, STATUS OF OPERATOR (Enter the ap	propriate letter into the answer ba	x; if "Other", specify.)	D. PHONE (a	YES NO
F * FEDERAL M = PUBLIC jother that S = STATE D = OTHER (specify) P = PRIVATE E. STREET	P		2/99	24 4370
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Attach to this application a topographic in the outline of the facility, the location of treatment, storage, or disposal facilities, a	each of its existing and prop	ceed intake and discharg	e acrustores, each of it	i linzardous waste
water bodies in the map area. See instructly \$11. NATURE OF BUSINESS (provide a brief des	ns for precise requirements. Copyron			
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J SEPA	Maccan SWARTE PERMIT APPLICATION Consolidated Permits Program (This information is required under Section 3005 of RCRA.)	F
FOR OFFICIAL USE ONLY		U. C. S.
APPROVED (yr., mo., & day)		
II. FIRST OR REVISED APPL		
Place an "X" in the appropriate box	in A or B below found one has only to policy and the state of	the first application you are submitting for your facility or a
EPA I.D. Number in Item I above:	THE STANDARD SET AND STREET, KNOW AGE 1957 IN. S. E.A.Y. F.D. WILL	ible of fittis is a revised application, enter your facility's
	e as "X" below and provide the appropriate date) (See instructions for definition of "existing" facility: Complete from below.)	****** FACILITY (Complete item below.)
S YELL HOLL BAY SO	NEXISTING FACILITIES, PROVIDE THE DATE OF MA A day	FOR NEW FACILITIES, PROVIDE THE DATE (75, 70, 4 day) OPERA- TIGE SEGAN OR IS
8	TRAYION BEGAN OF THE DATE CONSTRUCTION COMMENCE the boses to the laft) (place on "X" below and complete Item I above)	TION SEGAN OR IS EXPECTED TO SEGIN
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III. PROCESSES – CODES AF		
describe the process (including i	ods from the flet of process codes below that their describes such pe a meeted; sense the code(s) in the space provided, if a process will be design againstiy) in the space provided on the form (/am) ///-C).	the used that it not included in the list of societ below, then
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C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE NG OTHER PROCESSES INCLUDE DESIGN CAPACITY.

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TO4 REPRESENTS TOTAL SOLVENT & FUEL RECYCLING CAPACITY

IV. DESCRIPTION OF EAZARDORS WASTES

A EPA HAZANDOUS WASTE NUMBER: Engine his hour digit number from 40 cm.) subject 2 for each listed incardous waste you will handle. If you handle hezardous waste which are not listed in 40 CPR, Subpert D, enter the four-digit number(s) from 40 CPR, Subpert C that describes the characteris-

STANDARD CONTRACTOR

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- B. ESTIMATED Architest QUANTITY For each little wests entered in column A apprect the example of that regist that will be handled on an annual basis. For each characteristic or tasts contembrate entered in column A estimate that sold serves greatly of all the non-distact wasts/s/ they will be handled which possess that characteristic or conteminent.
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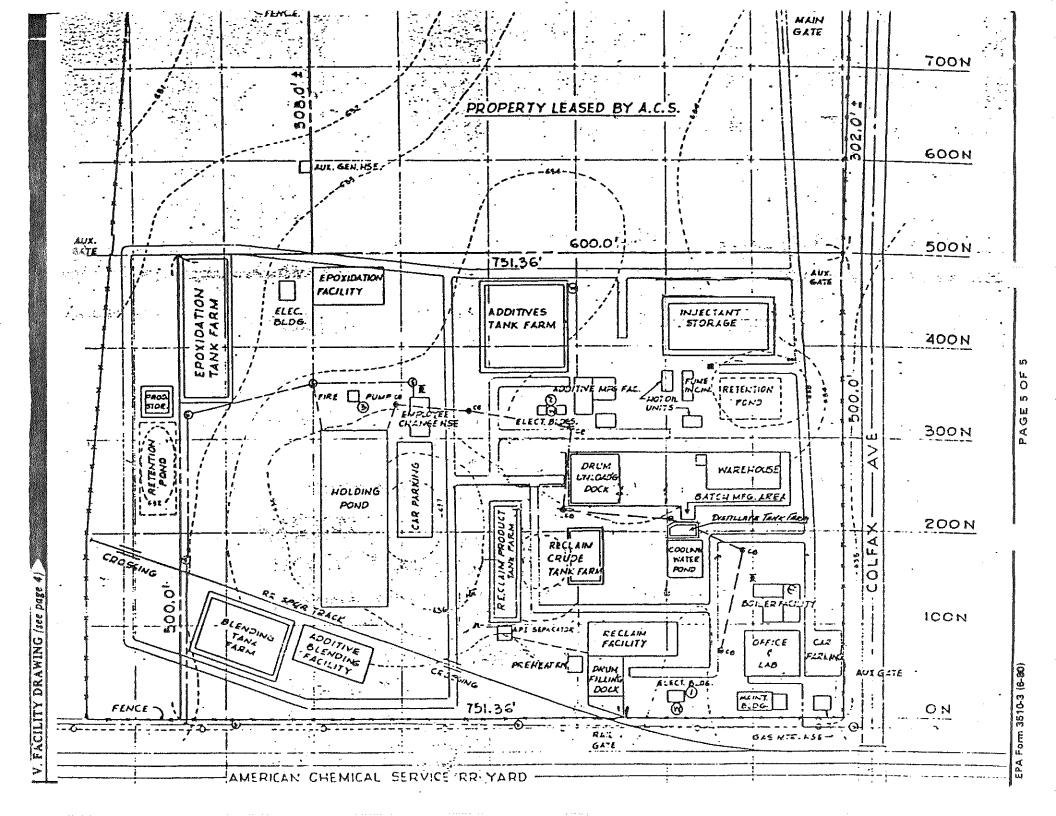
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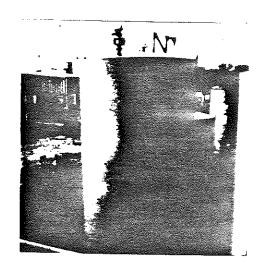
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